2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 APR 12 PM 4:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000100897

1. Entity Name
SUBMURSED TOURING, INC.

Principal Place of Business	Mailing Address
C/O WHITFIELD & JOHNSON ASSET MGMT. 2813 S. HIAWASSEE RD., SUITE 201 ORLANDO, FL 32835	C/O WHITFIELD & JOHNSON ASSET MGMT. 2813 S. HIAWASSEE RD., SUITE 201 ORLANDO, FL 32835

04052007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O TRIBECA BUSINESS MGMT	C/O TRIBECA BUSINESS MGMT
Suite, Apt. #, etc. 125 W 55TH ST 8TH FL	Suite, Apt. #, etc. 125 W 55TH ST, 8TH FL
City & State NEW YORK NY	City & State NEW YORK NY
Zip / Country 10019 / USA	Zip / Country 10019 / USA

4. FEI Number
01-0736160
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITFIELD, GARRY
2813 S. HIAWASSEE RD. SUITE 201
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name UNTIED CORPORATE SERVICES INC
Street Address (P.O. Box Number is Not Acceptable)
9200 SOUTH DADELAND BLVD
SUITE 508
City MIAMI FL Zip Code 33156

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael A. Barr, President 4/11/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARPENTER, DONALD 2813 S HIAWASSEE ROAD, SUITE 201 ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 125 W 55TH ST, 8TH FL NEW YORK, NY 10019
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIEDMAN, ERIC 2813 S HIAWASSEE ROAD, SUITE 201 ORLANDO, FL 32835	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300097582173 04/19/07--01042--005 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUKER, KELAN 2813 S HIAWASSEE ROAD, SUITE 201 ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 125 W 55TH ST, 8TH FL NEW YORK, NY 10019
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO WHITFIELD, GARRY 2813 S HIAWASSEE ROAD, SUITE 201 ORLANDO, FL 32836	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, TIMOTHY JAY 2813 S HIAWASSEE ROAD, SUITE 201 ORLANDO, FL 32836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 125 W 55TH ST, 8TH FL NEW YORK, NY 10019
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Timothy Davis 4/11/07 212-333-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #